

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90068 022 ***150.00

DOCUMENT # F96000006645

1. Entity Name
GENEVA MORTGAGE CORP



Principal Place of Business
189 SUNRISE HIGHWAY
SUITE 302
ROCKVILLE CENTRE NY 11570

Mailing Address
189 SUNRISE HIGHWAY
SUITE 302
ROCKVILLE CENTRE NY 11570

90004129



2. Principal Place of Business
100 N. CENTRE AVENUE #300
Suite, Apt. #, etc.
#300

3. Mailing Address
100 N. CENTRE AVENUE
Suite, Apt. #, etc.
#300

☐ CHECK HERE IF MAKING CHANGES

City & State
ROCKVILLE CENTRE, NY
Zip
11570
Country
US

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ROCKVILLE CENTRE, NY
Zip
11570
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4. FEI Number **22-3091643**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REIBMAN, GENE ESQ.
600 NORTHEAST THIRD AVENUE
FORT LAUDERDALE FL 33304

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAFFNER, KEITH 189 SUNRISE HWY., #302 ROCKVILLE CENTRE NY 11570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, JOEL 189 SUNRISE HWY., #302 ROCKVILLE CENTRE NY 11570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KREITMAN, STANLEY 189 SUNRISE HWY., #302 ROCKVILLE CENTRE NY 11570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, WARREN 189 SUNRISE HWY., #302 ROCKVILLE CENTRE NY 11570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP MAYER, STEPHEN 189 SUNRISE HWY., #302 ROCKVILLE CENTRE NY 11570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 N. CENTRE AVENUE #300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 N. CENTRE AVENUE #300	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE REQUIRED

1/7/03

516-255-1700

Date **Daytime Phone #**

CR2E034 (10/02)